

MOTHER LAB'S *FAST* MATERNAL HEALTH *FACTS*



FACT #1

17 WOMEN DIE FOR EVERY 100,000 LIVE BIRTHS WHILE PREGNANT OR WITHIN 42 DAYS POSTPARTUM (3)



FACT #2

THE MOST COMMON CAUSES ARE HEMORRHAGE, AMNIOTIC FLUID EMBOLISM, HYPERTENSIVE DISORDERS, AND INFECTION (4)

FACT #3

MATERNAL MORTALITY COULD BE CUT BY 50% BY IMPLEMENTING EVIDENCE BASED MEASURES (3)



TARGETS FOR CHANGE

(11)

TARGET #1

REDUCE MATERNAL MORTALITY RATE BY 50%



TARGET #2

REDUCE THE LOW-RISK CESAREAN DELIVERY RATE BY 25%

TARGET #3

ACHIEVE HIGH BLOOD PRESSURE CONTROL IN 80% OF WOMEN OF REPRODUCTIVE AGE WITH HYPERTENSION



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CHALLENGES *TO CHANGE* (4)



RACIAL/ETHNIC DISPARITIES

PREGNANCY-RELATED MORTALITY RATIO FOR NON-HISPANIC BLACK WOMEN 2007-2016 WAS 2-3X HIGHER THAN WHITE WOMEN



RURAL DISPARITIES

THERE IS A SHORTAGE OF MATERNAL HEALTHCARE PROVIDERS AS ONLY 6% OF OB/GYNS WORK IN RURAL AREAS & WOMEN IN THESE AREAS EXPERIENCE HIGHER RATES OR DELAYED PRENATAL CARE



DIFFERENTIAL MORTALITY AND MORBIDITY RATES BY AGE

THE GREATEST RISK IS FOR AGE 40+ -> 76.5% OF MATERNAL MORTALITY



INSURANCE COVERAGE

MEDICAID COVERED ALMOST HALF OF ALL BIRTHS (42%) IN 2018 AND MOST COMPLICATIONS OCCUR POST 60 DAYS POSTPARTUM- BUT LAWS ONLY ALLOW COVERAGE FOR UP TO 60 DAYS BEFORE NEEDING TO REAPPLY



DATA QUALITY

LACK OF DATA INDICATING WHERE POOR OUTCOMES ARE OCCURRING, WHAT TYPES OF RESOURCES ARE LACKING IN THE AREAS, AND DEFICIENCIES OF QUALITY OF CARE



US SURGEON GENERAL CALL TO ACTION

"USING LIFE COURSE APPROACH IN ADDRESSING SOCIAL DETERMINANTS OF HEALTH"



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SOLUTIONS



SAFETY BUNDLES

STRUCTURED AND STRAIGHTFORWARD WAY TO IMPLEMENT EVIDENCE-BASED PRACTICES SUCH AS PROTOCOLS, CHECKLISTS, SIMULATION TRAINING, AND STAFF TRAINING (6).



INCREASED ACCESS

BLACK WOMEN ARE ALSO MORE LIKELY TO LACK ACCESS TO HEALTHCARE AND INSURANCE COVERAGE- ESPECIALLY IN MATERNITY CARE DESERTS (6).



ANTI-RACISM IDEOLOGY

REFERS TO A FORM OF ACTION AGAINST RACIAL HATRED, BIAS, SYSTEMIC RACISM, AND THE OPPRESSION OF MARGINALIZED GROUPS (6).



DOULAS

A DOULA IS A PROFESSIONAL LABOR ASSISTANT WHO PROVIDES PHYSICAL AND EMOTIONAL SUPPORT TO YOU AND YOUR PARTNER DURING PREGNANCY, CHILDBIRTH AND THE POSTPARTUM PERIOD (1).



INSTITUTIONALIZE DOULACARE

MAKING DOULA CARE READILY AVAILABLE MAY HELP IMPROVE BLACK MATERNAL HEALTH IN PREGNANCY AND DELIVERY., ESPECIALLY IN TRADITIONAL HOSPITAL AND CLINICAL SETTINGS WHERE HOSPITAL STAFF ARE MORE INCLINED TO DISMISSING BLACK WOMEN'S CONCERNS- A DOULA WILL STEP IN (2).



REPRESENTATION

HAVING MORE ETHNICALLY DIVERSE, BLACK & BROWN DOCTORS INCREASES THE REPRESENTATION OF AFFECTED GROUPS AND PROVIDES A SENSE OF FAMILIARITY AND COMFORT (5).



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SOLUTIONS (7)



RESEARCH & FUNDING

ORGANIZATIONS SUCH AS THE NATIONAL INSTITUTE OF HEALTH AND THE ROBERT WOOD JOHNSON FOUNDATION ARE LEADERS IN GRANTING FUNDS FOR RESEARCH IN THE MATERNAL HEALTH FIELD, BUT THERE SHOULD BE MORE FUNDING OPPORTUNITIES TO DO THIS WORK



TRAINING & COMMUNITY

TRAINING COMMUNITY MEMBERS IN DIFFERENT FIELDS NOT ONLY ADDS TO REPRESENTATION, BUT UNDERSTANDING AND A DIVERSIFIED FIELD OF HEALTHCARE PROFESSIONALS



MULTI-PROFESSIONAL RESEARCH LABS

MORE RESEARCH LABS SUCH AS MOTHER LAB SHOULD BE ENCOURAGED TO FORM AND FLOURISH WITH LEADERS AND MEMBERS RANGING IN PROFESSIONAL EXPERIENCES.



REFERENCES



1. DOULA: DO YOU NEED A DOULA? (N.D.). MAYO CLINIC. RETRIEVED MARCH 4, 2021, FROM [HTTPS://WWW.MAYOCLINIC.ORG/HEALTHY-LIFESTYLE/LABOR-AND-DELIVERY/EXPERT-ANSWERS/DOULA/FAQ-20057910](https://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/expert-answers/doula/faq-20057910)
2. EVIDENCE ON: DOULAS. (N.D.). RETRIEVED MARCH 4, 2021, FROM [HTTPS://EVIDENCEBASEDBIRTH.COM/THE-EVIDENCE-FOR-DOULAS/](https://evidencebasedbirth.com/the-evidence-for-doulas/)
3. GARLAND, J., & LITTLE, D. (2018). MATERNAL DEATH AND ITS INVESTIGATION. *ACADEMIC FORENSIC PATHOLOGY*, 8(4), 894–911. [HTTPS://DOI.ORG/10.1177/1925362118821485](https://doi.org/10.1177/1925362118821485)
4. HHS INITIATIVE TO IMPROVE MATERNAL HEALTH. (2020, SEPTEMBER 30). ASPE. [HTTPS://ASPE.HHS.GOV/INITIATIVE-TO-IMPROVE-MATERNAL-HEALTH](https://aspe.hhs.gov/initiative-to-improve-maternal-health)
5. HILL, I. (N.D.). MATERNAL TELEHEALTH HAS EXPANDED DRAMATICALLY DURING THE COVID-19 PANDEMIC: EQUITY CONCERNS AND PROMISING APPROACHES. 10.
6. MATERNAL MORTALITY AND MATERNITY CARE IN THE UNITED STATES COMPARED TO 10 OTHER DEVELOPED COUNTRIES. (N.D.). RETRIEVED APRIL 19, 2021, FROM [HTTPS://WWW.COMMONWEALTHFUND.ORG/PUBLICATIONS/ISSUE-BRIEFS/2020/NOV/MATERNAL-MORTALITY-MATERNITY-CARE-US-COMPARED-10-COUNTRIES](https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries)
7. MOTHERLAB.ORG